


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000049974
 1. Entity Name
A & M AUXILIARY POWER SPECIALISTS, INC.



Principal Place of Business Mailing Address
2149 BRIGHTON BAY TRAIL WEST **POST OFFICE BOX T2526**
JACKSONVILLE, FL 32246 **JACKSONVILLE, FL 32209**



05112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3584607 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCLEOD, HAROLD E 2149 BRIGHTON BAY TRAIL WEST JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ANDERSON, DANIEL M 2149 BRIGHTON BAY TRAIL WEST JACKSONVILLE, FL 32246
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 05/19/04-80002-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold E. McLeod* (Harold McLeod), President 15 MAY 04 904-221-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #